

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 31

Age

5

Ind

none

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Heart Failure

15H

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Name in Full *Mary Agnes Brown*
 Died at *Runy* Town *Charles* County *MARYLAND*

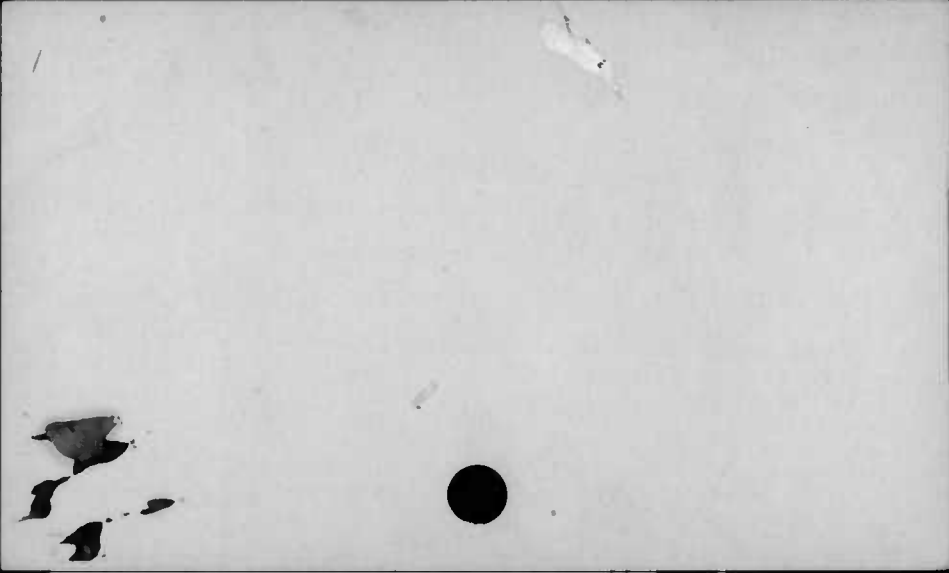
Date 19 *02* Month *7* Day *18* Age *9* Y. *-* M. *-* D. *-* Native of *Charles* Occupation *-*
 Male *White* Married *Widow* Divorced *-*
 Female *Colored* Single *Widower* Number of children living *-*

Husband of *-*
 Wife *-*
 Father's Name *Not known* 105 Mother's Name *Emma E. Brown*
 Maiden Name *Emma E. Brown*

Cause of Death { Primary *Cholera Infantis* How long sick *1 hour*
 Immediate *7 or 8 min.* Accident, Suicide, Homicide *-*

Reported by *Harry Halley*
 Address *Private* *Shel*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gerruel Dent

Died at ^{Town} Welcome^{County} Chal

MARYLAND

Date 19 02 Month 7 Day 24 Age 50 Y. — M. — D. — Native of Chalco Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~ Number of children living 7

~~Female~~ Colored ~~Single~~ ~~Widower~~

Husband of Mary Jackson

Wife of John Dent

Father's Name John Dent Mother's Name Jane Thompson

Maiden Name

Cause of Death { Primary Heart Trouble How long sick 2 weeks

Death { Immediate Accident, Suicide, Homicide

Reported by Silas Marshall 79 nurse

Address M^cConcha m^c

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Reported by
W. F. Browne

Name in Full

Certificate of Death

John Edelen

Town

County

Died at New Port

Charles

MARYLAND

Data 1902. July 20

Month

Day

Y.

M.

D.

Age

100

Native of

Occupation

Chas. C. Edelen

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~Widower

Number of children living

3

Husband of

Matilda Edelen

Father's

Mother's

Name

John Edelen

Maiden Name

Cause of

Primary

Old age

Death

Immediate

General debility

How long sick

3 1/2 Months

Accident, Suicide, Homicide

Reported by

Grant Thomas

Address

New Port

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Mellie Gertrude Gray
 Town County

MARYLAND

Died at

*Mar Port Tobacco**Charles*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

*02**July**4*

Age

*Thirtun**Chas Co. Md*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

~~Wife~~

Father's

Name

Saml. T. Gray

Mother's

Maiden Name

Priscilla Swan

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Geo. T. Digges. M.D.

Address

Port Tobacco Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dubois</i> Town		<i>Lehigh</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>19</i>	Age <i>28</i>	Years <i>28</i>	Months <i>—</i>
Sex <i>male</i>	Color or Race <i>negro</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Mary Hawkins</i>					
Father's Name <i>Leopoldine Gross</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>John Sweeney</i>			How related to deceased <i>nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>—</i>	How long <i>—</i>
Immediate <i>Struck by Lightning</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Leppelmeier M.D.</i>
	Address <i>Lehigh Valley Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ortsville</i> Town			<i>Chesler</i> County			MARYLAND		
Date of death 190 <i>2</i>		Month <i>July</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ma</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>						
Name of Wife or Husband <i>—</i>								
Father's Name <i>Frank Heandesty</i>				Father's Birthplace <i>Ma</i>				
Mother's Maiden Name <i>Susan</i>				Mother's Birthplace <i>Ma</i>				
Name of person giving information <i>Thos Heandesty Jr</i>				How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>—</i>		How long <i>—</i>	
Immediate <i>Heart failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>He. C. Chappell M.D.</i>	
		Address <i>Hughesville Ma</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Hathur Hatthur

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wauver</i> <small>Town</small>		<i>Chancel</i> <small>County</small>		MARYLAND		
Date of death 190	<i>2</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>29</i> <small>Age</small>	<i>1</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>Girl</i>	Color or Race <i>Black</i>			Birth-place <i>Maryland</i>		
<input checked="" type="checkbox"/> Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name <i>Bill Hatthur</i>				Father's Birthplace		
Mother's Maiden Name <i>Mary Dent</i>				Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Henry Brown</i>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute diarrhoea</i>	How long <i>105</i>
Immediate <i>diarrhoea</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. J. ...</i>
	Address <i>Wauver</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name in Full

Certificate of Death

William Pinkney Hawkins

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 14

Age

- 6 -

Md.

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Wm. P. Hawkins

Lattie Key

Cause of

Primary

Shw-Colitis

How long sick

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

Address

J. W. Mitchell M.D.
Pomoxbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edna Lenise Jansen

Town

County

Died at

Indian Head

Ches Co, V

MARYLAND

1912 Month Day Y. M. D. Native of Occupation
 Date 1870 July 13 Age 7 7 Md
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband

of

Wife

Father's

Name

Chris Jansen

Mother's

Name

Alice Jansen

Cause of

Primary

Cholera infantum 105

How long sick 3 days

Death

Immediate

Cholera infantum

Accident, Suicide, Homicide

Reported by

H. J. Douglas, Pharmacist, U.S. Navy.

Address

Indian Head, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bryantown</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>3</i>	Years <i>89</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Widow</i>	Occupation <i>Housekeeper</i>				
Name of Wife or Husband <i>John Key</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>— Key</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>12 mo.</i>
Immediate <i>Uremia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. T. Chappell M.D.</i>
	Address <i>Hughesville Ind</i>
Accident or Suicide?	



L. Lee

Town

County

Died at

Brentland

Charles

MARYLAND

Date 19 *02*

Month

Day

28 July

Y.

M.

D.

Age

9

Native of

Wash. D.C.

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Colored

Single

Widower

Number of children living

~~Husband~~
of

~~Wife~~

Father's

Name

Don't know

Mother's

Maiden Name

Don't know

Cause of

Primary

Typhoid Fever

How long sick

4 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Thos. S. Owen M D

Address

La Plata Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Reported by

W. F. Browne

Name in Full

Certificate of Death

Veronica Montgomery

Town

County

Died at near Ironsides

Charles

MARYLAND

Date 1902 July 17 Y. M. D. Native of Md Occupation

Male White Married Widower Divorced

Female Colored Single Number of children living

Husband of

Wife

Father's Name Joe Montgomery Mother's Name Susan Johnson

Maiden Name

Cause of Death Primary Conjestive Chill

How long sick 2 days

Accident, Suicide, Homicide

Reported by Joe Montgomery

Address Ironsides Charles Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79894



Name In Full

Certificate of Death

Name In Full *Mary Penny*
 Town *Potomac* County *Charles* MARYLAND
 Died at *Potomac*
 Date 1902 *July 8* Month *July* Day *8* Y. *60* M. *-* D. *-* Native of *Ind -* Occupation *House wife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Divorced ☐ Number of children living *0*
 Husband of *John Penny*
 Wife of *John Penny*
 Father's Name *John Swann* Mother's Maiden Name *Eliz. Swann*
 Cause of Death { Primary *Bright's Disease.* Immediate *12 days* How long sick *One year*
 Accident, Suicide, Homicide *Accident, Suicide, Homicide*
 Reported by *G. W. Mitchell M.D.*
 Address *Potomac Md -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

Mary E. Pilkerton

CERTIFICATE OF DEATH

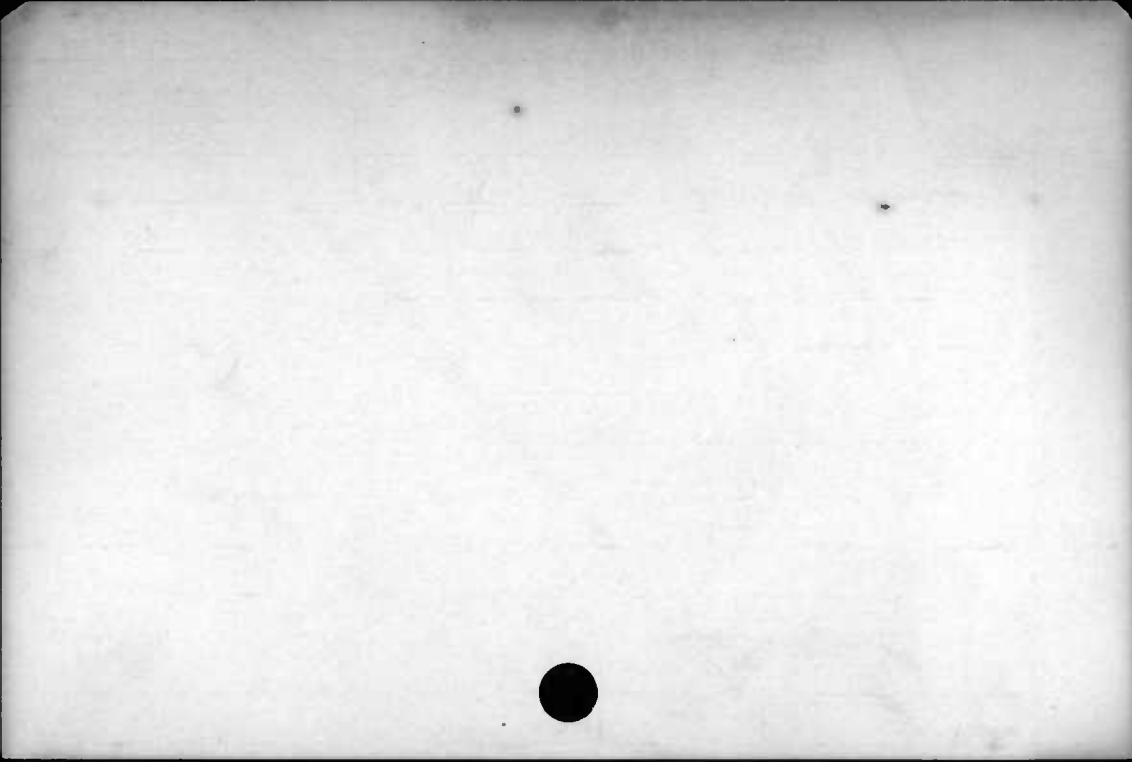
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garrettsville</i>		Town <i>Garrettsville</i>		County <i>Lehigh</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>July</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>James Pilkerton</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Murphy</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>James Pilkerton</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>meninges</i>	How long <i>6 mo</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. T. Chappell MD</i>
	Address <i>Highway 1000</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Joseph Williams
 Town _____ County _____

Died at

MARYLAND

Date *1902* Month *July* Day *22* Y. *63* M. *63* D. *63* Native of *Virginia* Occupation *Farmer*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *3*

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of Death { Primary *Consumption*
 Immediate

How long sick

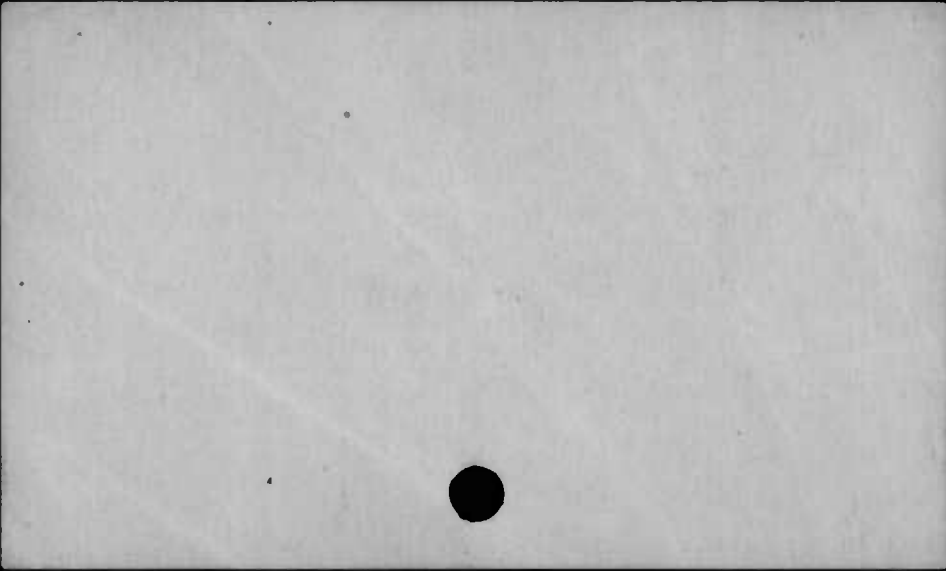
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

William Eugene Young.

Town

County

Died at

Benny

Charles

MARYLAND

Date 19

02

Month

Day

Age

Y.

M.

D.

Native of

Occupation

02 02

- 9 - -

Maryland

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

William

Mother's

Maiden Name

Selia Marshall

Cause of

Primary

Death

Immediate

Cholera Infantum

How long sick

3 days

Accident, Suicide, Homicide

Reported by

Address

Harry Halley
Oriental

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

